

**SECTION A. CHILDREN INFORMATION** All Households Complete This Section. Enter all children's personal (earned) gross income, by amount, and how often received by placing a circle around the correct Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly.  
**Racial and Ethnic Identities (optional) 1. Circle one Ethnic Identity: N=Not Hispanic/Latino or H=Hispanic/Latino 2. Circle one or more racial identities: (Regardless of ethnicity) A=Asian, W=White, B=Black or African American, I=American Native or Alsaka Native, P=Native Hawaiian or other Pacific Islander**

| LAST NAME, FIRST NAME | SCHOOL<br>(Write "NONE" if not in school) | GRADE | Date of Birth<br>(Optional) | Racial and Ethnic Identities: (Optional)<br>Circle One Ethnic Identity | Circle one or more | MARK "X" If Foster Child | Mark "X" if No Income               | Child's Personal Earned Income | Source of Income (Work)? | Paid How Often? (Circle) | ENTER Benefit Type: CalFresh, CalWORKs, Kin-GAP, FDPIR | ENTER Benefit Case Number |
|-----------------------|---|-------|-----------------------------|--|--------------------|--------------------------|-------------------------------------|--------------------------------|--------------------------|--------------------------|--|---------------------------|
| ①                     |   |       |                             | N OR H   | A W B I P          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$                             |                          | W E T M Y                |  |                           |
| ②                     |   |       |                             | N OR H   | A W B I P          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$                             |                          | W E T M Y                |  |                           |
| ③                     |   |       |                             | N OR H   | A W B I P          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$                             |                          | W E T M Y                |  |                           |
| ④                     |   |       |                             | N OR H   | A W B I P          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$                             |                          | W E T M Y                |  |                           |
| ⑤                     |   |       |                             | N OR H   | A W B I P          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$                             |                          | W E T M Y                |  |                           |

If the child you are applying for is Homeless, Migrant, or Runaway, contact the school and CIRCLE appropriate letter: **H M R**  
Households submitting an application with a Benefit Case Number for CalFresh/CalWORKs for EACH child or an Adult household member, please skip to Section C and complete.  
A Foster Child that is under the legal responsibility of a foster care agency or court, is eligible for free meals. This eligibility is not extended to non-foster children in the household.

**SECTION B. ALL OTHER HOUSEHOLD MEMBERS:** Enter Gross Income Under Each Income Type each Household Member Receives and "How Often" the Income is Received by using the following Income Codes: W=Weekly, E=Every 2 Weeks, T=Twice a Month, M=Monthly, Y=Yearly. If No Income, You MUST Mark the "No Income box." DO NOT Leave Blank.

| Adult's Full Name<br>(Do not repeat names from Section A) | MARK "X" If No Income               | Gross Earnings from Work Before Deductions, Include All jobs | Paid How Often? | Indicate Pay from Pensions, Retirement, Social Security, VA benefits | Income Source? | Paid How Often? | Welfare Benefits, Child Support, Alimony Payments | Income Source? | Paid How Often? | Any Other Income, Including Temporary Income | Income Source? | Paid How Often? | Enter Benefit Type: CalFresh, CalWORKs, Kin-GAP, FDPIR | Enter Benefit |
|---|-------------------------------------|--|-----------------|--|----------------|-----------------|---|----------------|-----------------|--|----------------|-----------------|--|---------------|
| Richard, Larath   | <input checked="" type="checkbox"/> | \$ 199.98  | W               | \$ 141.65  | Pension        | Y               | \$ 99.99  | Child Support  | M               | \$ 550.00                                    | Rental Income  | M               |  |               |
| ①   | <input checked="" type="checkbox"/> | \$   |                 | \$   |                |                 | \$  |                |                 | \$   |                |                 |  |               |
| ②   | <input checked="" type="checkbox"/> | \$   |                 | \$   |                |                 | \$  |                |                 | \$   |                |                 |  |               |
| ③   | <input checked="" type="checkbox"/> | \$   |                 | \$   |                |                 | \$  |                |                 | \$   |                |                 |  |               |
| ④   | <input checked="" type="checkbox"/> | \$   |                 | \$   |                |                 | \$  |                |                 | \$   |                |                 |  |               |
| ⑤   | <input checked="" type="checkbox"/> | \$   |                 | \$   |                |                 | \$  |                |                 | \$   |                |                 |  |               |

**SECTION C. CONTACT INFORMATION, CERTIFICATIONS, AND SIGNATURE:** Education Code 49557(a): Applications for Free and reduced-price meals may be submitted at any time during a school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or by any other means. I certify (promise) that all of the above information is true and correct and that all income is reported. I understand that this information is given in given in connection with the receipt of federal funds that school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and federal laws.

Printed name of adult household member completing this form \_\_\_\_\_ Signature of adult household member completing this form \_\_\_\_\_ Date \_\_\_\_\_ Last 4 digits of Social Security Number (SSN) \_\_\_\_\_  
X ☐ I do not have a SSN.

Federal Information Statement on letter to households

Street Address, Apt #, etc. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

DO NOT Write Below This Line-For School Use Only:

Application Approved: \_\_\_\_\_ HSLD Size: \_\_\_\_\_ HSLD Annual Income: \$ \_\_\_\_\_ Determining Official's Signature & Date \_\_\_\_\_  
Free based on: ☐ CalFRESH ☐ Direct Certified as: H M R ☐ Denied based on: ☐ Income Too High ☐ Reduced based on: ☐ Household Income  
☐ CalWORKs ☐ Househld Income ☐ Incomplete ☐ KinGap ☐ Zero Income ☐ Verification Official's Signature & Date \_\_\_\_\_  
☐ FDPIR ☐ Foster Child Only ☐ Annual Income Conversion Factors: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12  
☐ Direct Certification

The USDA and the CDE are equal opportunity providers and employers